



# *Substance Abuse*

## **Services in Wisconsin**

### **2001 Annual Report**

**Department of Health and Family Services**

**Division of Supportive Living**

**Bureau of Substance Abuse Services**

**December 2002**

# Major Accomplishments - 2001

- **Chapter HFS 75 Community Substance Abuse Service Standards Promulgated**  
HFS 75, the revised Substance Abuse Standards were promulgated and became effective August 1, 2000. The major changes include clinical supervision, uniform placement criteria, a new taxonomy of services, and narcotic treatment service. During 2001, policies were distributed to clarify the Standards, which included the “grandpersoning” of some clinical supervisors, and training and technical assistance were provided. (Pages 1, 27)
- **Expanded Services for Women and Families in Key Areas Throughout the State**  
Through the Statewide Urban/Rural Women’s AODA Treatment project, funding for eight women and family-centered treatment programs have expanded services in key underserved areas throughout the state. Services include gender-responsive treatment in the rural northwest, rural north central, west, south central, east, and rural east regions. This program design includes twelve core values in the treatment approach. Services were provided to 531 families during 2001. (Page 9)
- **Five Program Reviews Conducted in 2001**  
County system and provider reviews were completed in Crawford, Dane, Dunn, Kewaunee, and Trempealeau counties. These reviews will assist both in state and county identification of technical assistance needs as well as showcasing existing exemplary results. (Page 28)
- **Research to Practice Initiative**  
Wisconsin’s Research to Practice initiative was one of the few national examples chosen to present at CSAT’s “The Change Book” workshop in Boston in July of 2001. In addition, the Bureau of Substance Abuse Services in conjunction with the Great Lakes Addiction Technology Transfer Center and the Center for Addiction and Behavioral Health Research submitted an application to CSAT for a Practice Research Collaborative Grant. The Bureau of Substance Abuse Services provided updated Research to Practice information through its monthly Teleconference training series to approximately 350 addiction treatment professionals in 2001. Statewide audiences received information based on the latest research and practice for assessment of elderly clients, medication, neurobiology of addiction, working with families, behavioral and talk therapies, and suicide and addiction. (Page 28)
- **Consumer Partnerships**  
The mission of the Bureau’s Consumer Initiative is to encourage self-identification and participation of those persons who are in recovery from addictions to speak out for the purpose of combating stigma and to participate as partners in treatment and recovery, program reviews, membership in councils and work groups. Five individuals, either in addiction recovery or an affected family member participated in the Bureau’s five program reviews, and three consumers were appointed to councils or work groups. (Page 5)
- **Stigma Reduction Campaign**  
The Bureau’s Women’s Education Network on Addiction and Recovery produced a video of seven women talking about their addiction and recovery. The video was distributed during National Alcohol and Drug Abuse Recovery Month and is available as a training and motivation tool for treatment agencies and other interested parties. Also during September Recovery Month, a Recovery Picnic was held in the Madison area. Approximately 150 individuals and families attended to publicly celebrate their recovery. A Governor’s Proclamation was obtained and presented at the picnic. Television, radio, and print publicity around the event opened a dialogue about addiction as a major health issue with relapse no more prevalent than many other health problems such as diabetes, asthma, and coronary artery disease. (Page 5)

# Contents

## Major Accomplishments – 2001

## Acknowledgements

## Performance Scorecard

<b>Forward</b>	1
▪ Federal and State Authority	1
▪ Community Substance Abuse Service Standards	1

<b>Programs and Funding</b>	2
-----------------------------	---

▪ Funding Chart	2
▪ Community Aids	3
▪ Substance Abuse Prevention and Treatment Block Grant	3

<b>Substance Abuse Treatment Services</b>	4
---	---

▪ Statement of the Problem	4
▪ Outcomes of Treatment in Wisconsin	4
▪ The Wisconsin Consumer Initiative on Addiction and Recovery	5
▪ Putting a Voice and Face on Recovery	6
▪ Intoxicated Driver Program	7
▪ Injection Drug Abuse Street Outreach Program	7
▪ Substance Abuse Programming for Women, Pregnant Women and Women with Dependent Children	9
▪ Statewide Urban/Rural Women's AODA Treatment Project	9
▪ Fetal Alcohol Syndrome and Effects	10
▪ Wisconsin Women's Education Network on Addiction & Recovery	11
▪ Milwaukee AODA-TANF Treatment Project	11
▪ ARC Healthy Beginnings	13
▪ Criminal and Juvenile Justice Populations	14
▪ Minority Populations	16
▪ Adolescent Populations	17
▪ Substance Abuse and Older Persons	20
▪ Physical and Sensory Disabilities	20
▪ Counselor Development and Competency	22
▪ Compulsive Gambling Awareness Campaign	25
▪ Administration	27

<b>State Council on Alcohol and Other Drug Abuse</b>	31
--	----

## Future Directions

# Acknowledgements

## Substance Abuse Services in Wisconsin 2001 Annual Report

This report was prepared by the Bureau of Substance Abuse Services in the Department of Health and Family Services' Division of Supportive Living. Final data for the year 2001 was received in the fall of 2002.

Individual program contributions were submitted by Bureau of Substance Abuse Services staff, and the editors wish to thank them for their assistance.

**Interim Bureau Director**

Keith J. Lang

**Editors**

Jackie Langetieg and Michael Quirke

**Research Analyst**

Michael Quirke

Information about Addiction Services may be viewed on the  
Bureau of Substance Abuse Services' web pages at:

[www.dhfs.state.wi.us/substabuse](http://www.dhfs.state.wi.us/substabuse)

Comments, suggestions, and requests for further information may be addressed to:

**Bureau of Substance Abuse Services**

1 West Wilson Street, P.O. Box 7851

Madison, WI 53707-7851

(608) 267-7164 Telephone

(608) 266-1533 Fax

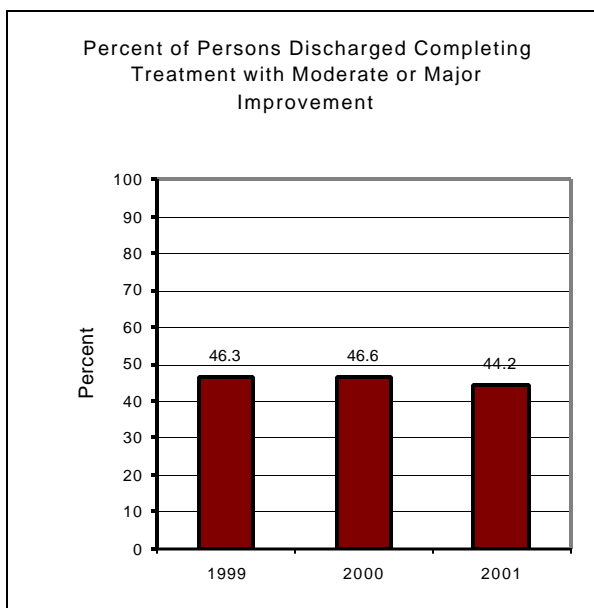
[langejb@dhfs.state.wi.us](mailto:langejb@dhfs.state.wi.us) E-mail

# Performance Scorecard

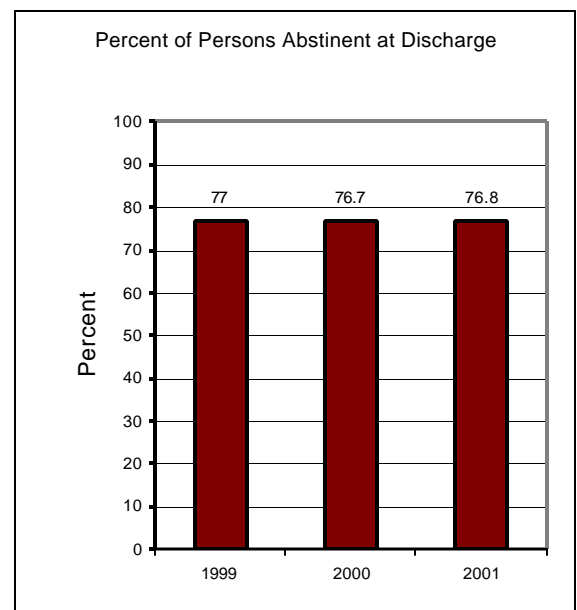
## Substance Abuse Services Program

The substance abuse services program provides residential and outpatient treatment services for persons with substance use disorders who do not have health insurance. Services are paid for in part or entirely with public funds called Community Aids. This program is administered and operated through a state-county partnership. The total number of persons receiving treatment services under this program for the most recent three-year period was 23,509, 22,019, and 26,423 for 1999, 2000, and 2001 respectively. These data are projected from a 90 percent sample of records, because Milwaukee, Walworth, and Wood counties do not yet report complete data. It is important to note that these data are provisional until all counties are reporting.

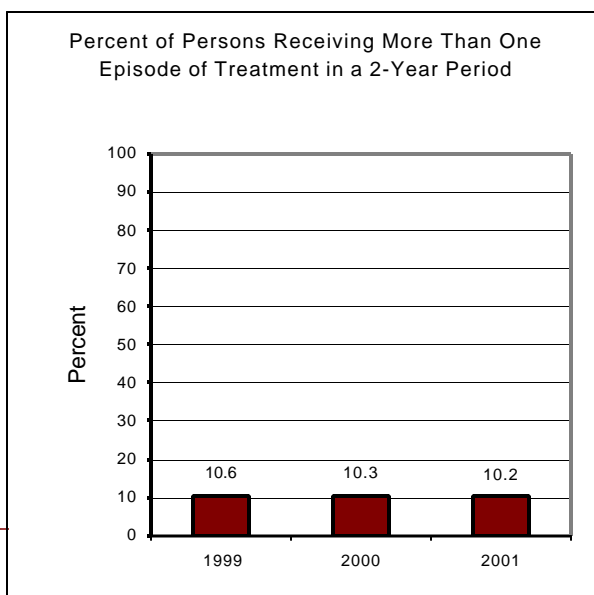
### More people successfully completing treatment



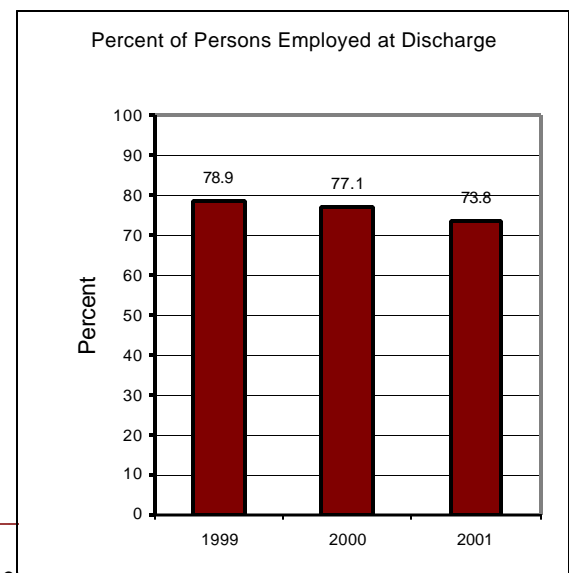
### More people maintaining abstinence at discharge from treatment



### Fewer people receiving multiple episodes of treatment in a two-year period



### More people employed at discharge from treatment



# Forward

## Federal and State Authority

The Department of Health and Family Services (DHFS) is designated by the Governor to administer federal Substance Abuse Prevention/Treatment (SAPT) Block Grant funds, and the Department designates the Division of Supportive Living (DSL) as the state agency responsible for administration of the block grant program. DHFS is also responsible for administration of state/county community aids for substance abuse and various state statutory mandates and programs related to substance abuse. Overall, state statutory authority for substance abuse programming is covered under Chapter 46 and Chapter 51, Wisconsin Statutes.

The Division of Supportive Living's Bureau of Substance Abuse Services (BSAS) serves as the focal point for the day-to-day administrative, management, planning, program, fiscal, evaluation, and coordination responsibilities for substance abuse programs. Data for this report is collected through the Department's Human Services Reporting System (HSRS), which receives information via quarterly data entry, batch submissions, and reports from the agencies under contract for funding. Several tables (Intoxicated Driver Program on page 7, and the Performance Scorecard) use three-year comparative data.

The Department of Health and Family Services (DHFS) is mandated by the Wisconsin Legislature under Section 51.45(4)(p), Wisconsin Statutes, to prepare and submit to the Governor, an annual report on the treatment of alcoholism. This report describes the substance abuse intervention and treatment programs administered by the Division of Supportive Living's Bureau of Substance Abuse Services and funded through the Department of Health and Family Services with state and federal funds. It excludes prevention activities carried out in the Division of Children and Family Services.

## Community Substance Abuse Service Standards

Chapter HFS 75, Wisconsin Administrative Code, is promulgated under the authority of Section 46.973 (2) (c), 51.42 (7) (b) and 51.45 (8) and (9), Stats., to establish standards for community substance abuse prevention and treatment services under Section 51.42 and 51.45, Stats., Sections 51.42 (1) and 51.45 (1) and (7), Stats., provide that a full continuum of substance abuse services be available to Wisconsin citizens from county departments of community programs, either directly or through written agreements or contracts that document the availability of services. This chapter applies to each substance abuse service that receives funds under Chapter 51, Stats., is approved by the state methadone authority, is funded through DHFS as the federally designated single state agency for substance abuse services, receives substance abuse prevention and treatment funding or other funding specifically designated for providing services under Chapter HFS 75.04 to 75.15 or is a service operated by a private agency that requests certification by the Department of Health and Family Services.

# Programs and Funding

The following chart illustrates overall substance abuse funding through the Department of Health and Family Services for State Fiscal Year July 1, 2000 to June 30, 2001 and includes state general program revenue, program revenue and federal funding sources.

<b>PROGRAM NAME</b>	<b>2000-2001 Funding Levels</b>
Community Aids .....	\$44,066,100
Injection Drug Use Outreach, Intervention, Treatment & Prevention.....	2,383,600
Juvenile Justice Pilots .....	1,340,000
Treatment Alternatives Program.....	937,600
In-Home & Community-Based Treatment for Minorities .....	200,000
Services to Persons in Treatment .....	250,000
WI Alcoholism & Drug Counselor Certification Board.....	121,500
WI Women's Education Network.....	60,000
Substance Abuse Program for Women .....	235,000
Minority Substance Abuse Counselor Training.....	283,000
Adolescent Substance Abuse Treatment Center .....	50,000
Multi-Disciplinary Prevention & Treatment for Cocaine Families.....	800,000
Capacity Building for Treatment Programs .....	305,000
Synar Amendment Compliance.....	74,000
Urban/Rural Women's Substance Abuse Block Grants.....	2,167,900
Brighter Futures Initiative .....	1,855,000
HIV Prevention and Case Management.....	149,000
Prevention Resource Center.....	390,000
High-Risk Youth Inner-city Project.....	428,600
Family Preservation and Family Support .....	306,900
Wisconsin Regional Teen Institutes .....	200,000
Law Enforcement Partnership .....	165,600
Technical Assistance to Counties .....	88,300
Meta House Family Care Project .....	750,000
Kenosha County Capacity Expansion Grant.....	479,000
State Demand and Needs Assessment Contract.....	415,500
Substance Abuse Services Information System.....	72,600
Medical Assistance.....	3,468,400
Training for Substance Abuse Workers .....	25,000
Treatment for Deaf and Hard of Hearing Persons .....	125,000
Human Resource Training Coordinator Position .....	62,300
Program, Planning, Evaluation, and Monitoring Position .....	87,300
Funding Development Specialist Position.....	67,500
Program Support Coordinator.....	65,700
Bureau of Substance Abuse Services Director.....	44,000
Alliance for a Drug-Free Wisconsin .....	257,000
High Risk Youth Tribal Prevention .....	409,700
Native American Substance Abuse Programs .....	500,000
Tribal Parenting Education and In-Home Counseling .....	200,000
Services for Hispanic Persons.....	248,200
Healthy Beginnings.....	175,000
Career Youth Development Center.....	80,000
Prisoner Reintegration Program.....	125,000
Group Home Loans .....	100,000
Intoxicated Driver Program.....	1,000,000
Community Options Program .....	208,100
Gemini Program.....	1,210,100

Anchorage Program.....	998,400
Great Lakes Addiction Technology Transfer Center.....	30,000
Substance Abuse Services Grants for Milwaukee County .....	5,000,000
DHFS Substance Abuse Staff Support Costs .....	1,303,600
Department of Corrections.....	1,649,200
Community Job Training Program.....	250,000
<b>TOTAL</b>	<b>76,263,700</b>

## Community Aids

Community aids are state and federal funds that are distributed by the Department to counties on a calendar year basis to support community mental health, developmental disabilities, substance abuse, and social services for the uninsured and underinsured (s. 46.40, Stats.). The majority of community aids funds are allocated to counties through the basic county allocation, which is a population-based formula matched by county/local property tax funds. Within the limits of these available state, federal and county funds, counties provide the following services: collaborative and cooperative prevention services; diagnostic, evaluation and assessment services; emergency, inpatient, residential, partial hospitalization, and outpatient services; research and staff training; and continuous planning, development, and evaluation of programs.

In 2001, counties reported expending \$44,066,100 in community aids for AODA clients. The Bureau of Substance Abuse Services, in cooperation with the Division of Supportive Living's Information Systems Office, maintains a substance abuse services data set that contains a sample of approximately 90 percent of clients served under community aids funds. (90 percent sample means that the data covers 90 percent of the clients treated. This is because Milwaukee, Walworth, and Wood counties do not yet report complete data.)

## Substance Abuse Prevention and Treatment (SAPT) Block Grant

One federal source of funds under community aids is the SAPT Block Grant. The federal Substance Abuse and Mental Health Services Administration granted the Department \$24,837,927 for state fiscal year 2001. Of this amount, (a) \$11,318,700 was distributed to counties through community aids; (b) \$10,939,574 was provided to counties, tribes, staffing, or other community-based organizations for substance abuse programs; and (c) \$1,649,200 was transferred to the Department of Corrections to provide substance abuse services to correctional populations. Counties are required to minimally target 70 percent of the funds for individuals with alcohol abuse and/or drug abuse, 20 percent for prevention, and 10 percent for pregnant women and women with dependent children.



# Substance Abuse Treatment

## Statement of the Problem

Alcohol and other drug abuse (substance abuse) is a significant health, social, public safety and economic problem. Each year in Wisconsin, there are over 2,160 deaths, 2,400 substantiated cases of child abuse, 8,500 traffic crashes resulting in 6,800 traffic injuries and 90,000 arrests, and economic costs totaling \$4.6 billion, all attributed to substance abuse. Thirty-two percent of offenders booked into jail and nearly 65 percent of prison admittees have substance abuse problems. Alcohol and other drug abuse is the fourth leading cause of death in Wisconsin behind heart disease, cancer, and stroke, and it is the fourth leading cause for hospitalization behind mental illness, heart disease, and cancer. There are an estimated 403,000 adults and 40,300 adolescents in need of treatment for substance use disorders, and yet surveys indicate that only 21 percent of those in need of treatment receive it. This is due primarily to the lack of awareness that a disorder exists. Untreated substance abuse results in crime, homicide, unemployment or lowered productivity, family break-up, child abuse, foster care, excessive health care costs, financial problems, injury, and early death. Studies have shown that substance abuse treatment is as effective as treatments for illnesses such as hypertension, diabetes, and asthma; about 30-50 percent complete regimens of treatment and 30-80 percent suffer a reoccurrence of the illness (relapse). Despite the magnitude of the problem, numerous studies conclude that each dollar invested for substance abuse services yields a return of seven dollars.

Reference Note: McLellan, A. Thomas, et.al. (1995), "Is Treatment for Substance Dependence Worth It?" In Training About Alcohol and Substance Abuse for Primary Care Physicians, Josiah Macy Foundation, New York.

NEDS #24 (1999), Benefits Far Exceed Costs of Substance Abuse Treatment, National Evaluation Data Services, Center for Substance Abuse Treatment.

## Outcomes of Treatment in Wisconsin

While there are several hundred treatment centers in Wisconsin, four of them published the results of extensive post-discharge outcomes among their client populations during 1998. Due to the additional expense of contacting clients after discharge, seed funds from the Bureau of Substance Abuse Services were used to finance studies with the Jackie Nitschke Center, Green Bay; Directions Counseling Center, Watertown; Winnebago County Department of Community Programs, Oshkosh; and the Lawrence Center, Waukesha. The composite results of the patient surveys (n=428) taken at six months post-discharge found the following:

- 86 percent of clients were satisfied with the services they received.
- 60 percent were abstinent from alcohol and drugs.
- 71 percent were employed.
- 57 percent were attending support group meetings.
- 89 percent had no further contact with the criminal justice system.

A project to measure treatment outcomes involving 15 treatment centers began in 1999. Results are expected in 2002.

## The Wisconsin Consumer Initiative on Addiction and Recovery



Early in year 2000, the Bureau of Substance Abuse Services (BSAS) instituted a formal planning strategy for consumer participation in all issues and initiatives relating to the services administered by BSAS for its target population--those individuals impacted by the use, abuse, and dependence on alcohol and other drugs, tobacco, and compulsive gambling. The Initiative is broken down into two parts as outlined below:

***“Full Consumer Participation in Treatment”*** whereby consumers and their affected families participate in decisions involving the consumer in the design and management of his or her own treatment.

***“Recovery Advocacy”*** engages individuals who may or may not have been in the public treatment system but have achieved some stability in their own recovery, as well as their families, to come together as part of a recovery movement. The goals and activities include illustrating that treatment for addictions is effective and recovery happens every day, and speaking up as individuals who have experienced the effects of their illness, experienced treatment and education, and now

lead lives of value to themselves and their community through recovery.

In 2001, the group hosted a Recovery Celebration Picnic in the Madison area during September 2001 National Addiction Recovery Month. Approximately 150 individuals in recovery and their families attended the Saturday event. A Proclamation from Governor McCallum was read and presented to the Wisconsin Association on Alcohol and Other Drug Abuse. There were games and storytelling by a Native American woman in recovery, instruments for group playing and singing with a Native American flute player, and a Teen Challenge choir.

Additional activities in 2001 included six meetings, which included presentations, on recovery advocacy, and planning activities. A brochure was developed and over 1000 copies distributed, volunteer activities were presented for consumer participation on Department work groups and committees. In addition, through a contract with the Wisconsin Association on Alcohol and Other Drug Abuse, a total of 25 scholarships were provided to consumers for conference attendance to receive information, training, and skill-building. This activity was provided to enable them to speak to others in the formation of grass roots development and to participate as our “partners” in work groups, policy and planning activities.

## ***Steve Tate:* Putting a Face and Voice on Recovery**



In the seventies and eighties I had some success in college and later professionally. I also had some failures in school and in the work place. The only way I knew how to relax and let go was to have a few drinks. There were times when I planned on drinking a lot, times when I didn't, and the many times that I would overshoot the mark. Years of this kind of behavior caused my environment to get smaller and smaller. I became more disillusioned with life, and my trust of other people became almost nonexistent. By the time I was 29 years old, I had come to believe that drinking on a daily basis was the right way to go; I'd gotten to a place where I hoped that death was...an eternal blackout.

At 29, I got arrested and was forced into treatment by the State of Wisconsin. Something strange happened in treatment: I learned things that seemed to make sense to me about my life. I identified with an alcoholic who was working there, and he told me how to get involved in a recovery community. I have not had a drink of alcohol since going to treatment and have been very active in recovery communities. There were a number of issues to work through and I had to learn how to seek help.

I was amazed at how many people there were in recovery. Here are some of the driving facts for me today as a recovery advocate: (1) I did not know one person that was in recovery when I went into treatment. (2) If someone hadn't taken the time to help me, I would have eventually drunk again. (3) People do not always find recovery exactly like I did. (4) Treatment is not as available and society is not as open as when I came into recovery in the late 80s.

Today I want to help others find recovery in their lives. Recovery from alcoholism and other drug abuse can and does happen, but it does not happen in a vacuum. The truth is that alcoholism is treatable and that the effects of not treating alcoholism result in one of our nation's most serious health issues. I am a businessperson and active in my community. I know thousands of people that are in recovery and involved in life without drinking or using. However, most of these people are out of society's view. Unfortunately, the person who is in the public view is usually abusing alcohol and drugs or has relapsed. Therefore, society sees only half the story with only half of the facts, and opinions are formed that deny recovery from addiction can and does happen. Couple this with the stigma of alcoholism, and people are reluctant to seek treatment or get diagnosed with alcoholism or other drug addictions.

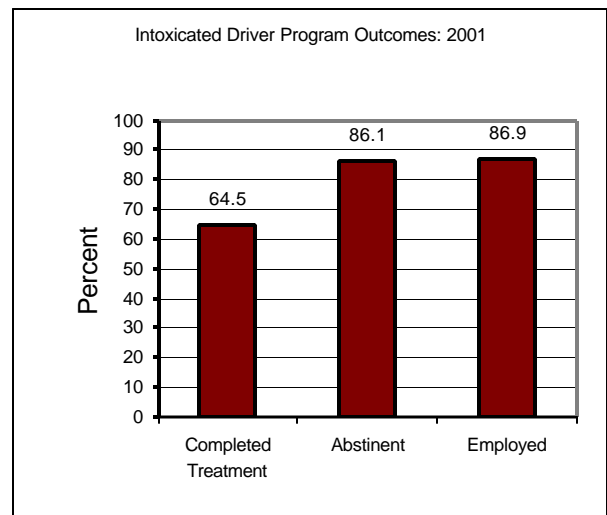
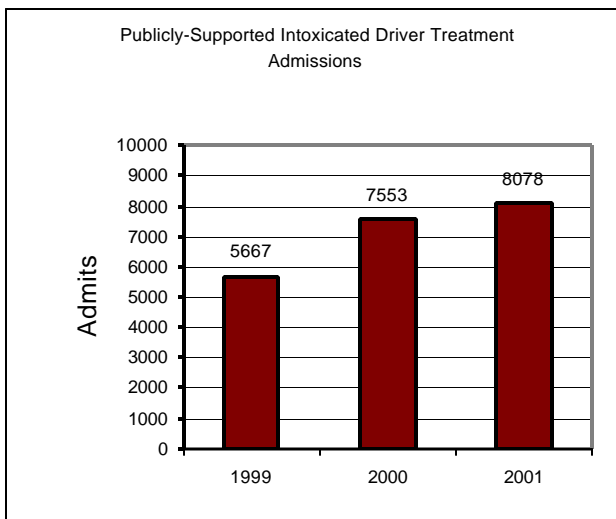
I want society to know that treatment works and that people do recover. Treatment and recovery are represented by a multitude of methods and processes, and it is the responsibility of our treatment community to correctly identify treatment that is specific to what each person needs. I am active in the Wisconsin Association on Alcohol and Other Drug Abuse (WAAODA), a statewide advocacy group. I want to do all that I can to help others have an opportunity for recovery. Advocacy activities are about letting society know that recovery from addiction does happen. Advocacy activities are not about telling society specifically how recovery happens.

Therefore, I challenge those of you in recovery to get more involved by telling people in your life that you are in recovery. Then, find your own personal way to become involved in the recovery advocacy movement that is starting to evolve through grass roots and advocacy groups such as WAAODA.

## Intoxicated Driver Program (IDP)

Established in 1982 to abate the growing intoxicated driving problem through treatment and education (s. 343.30 (1a) (c), Stats.), this program is funded by a driver improvement surcharge assessed against every convicted intoxicated driver. County treasurers retain 61.5 percent of the current \$355 surcharge to help cover the cost of treatment services. In addition, the Department is allocated \$1,000,000 from this fund each year for emergency grants to counties that need the revenue to cover treatment costs that exceed available local surcharge funds. In 2001, 19 counties received emergency funding. The total annual funding for the intoxicated driver program is over \$8.6 million.

About 35,000 persons are convicted of intoxicated driving each year. While all of these persons are court-ordered to receive a substance abuse assessment from a designated county agency, about 50 percent are referred to education services in driver safety (provided at technical colleges) and 50 percent are referred for private or publicly supported treatment. The chart at the bottom left shows the number of persons receiving publicly funded treatment under this program for the most recent three-year period in counties who report IDP data. The increase in 2001 is due, in part, to the inclusion of data from Milwaukee County for the first time.



There are three outcomes associated with this program area, namely, completion of treatment, abstinence from mood altering substances, and employment. The chart at the right presents the proportion of clients who completed treatment and were abstinent and employed at discharge.

## Injection Drug Use Street Outreach Program

The purpose of intervention programs such as the Street Outreach Program is to identify drug users and help them stop using drugs. The primary focus is to actively seek Injection Drug Users (IDUs) not in treatment, provide information on needle-sharing and sexual transmission of HIV disease, and provide assistance by referring clients to available services. The AIDS Resource Center of Wisconsin (ARCW) and the Wisconsin Division of Supportive Living have developed a comprehensive drug intervention

program. The program works to reduce or eliminate drug use while providing important preventive information on HIV and hepatitis B and C.

Funding from this partnership supports six ARCW outreach workers who, on a daily basis, work with substance users. The first of many steps in this intervention program is developing a relationship of trust with clients through ongoing contact with substance users in a range of settings. These settings include drug treatment centers, methadone clinics, detoxification centers, correctional facilities, drug houses and shelters, and other locations where individuals who use drugs or who have a drug-using partner congregate. Through work with the outreach staff, substance users are referred to or provided drug treatment.

The next step employs a harm reduction strategy to begin to help substance users assess their individual situation and offer education related to prolonged drug use and HIV and hepatitis C prevention or treatment. All outreach efforts are client-centered and focus on establishing goals for the individual to move toward treatment and eventually sobriety.

The following table illustrates the numbers of injection drug users and AIDS cases in 2001.

<b>Injection Drug Users and AIDS Cases in 2001</b>		
<b>County</b>	<b>#Injection Drug Users</b>	<b>#AIDS Cases 12/2001</b>
Milwaukee	4337	2394
Dane	1454	630
Waukesha	1260	120
Brown	788	159
Racine	778	148
Rock	627	116
Kenosha	553	151
LaCrosse	409	76
Walworth	321	44
Eau Claire	354	51
<b>Total</b>	<b>*10,881</b>	<b>**3,889</b>
* 51.46% of the 21,144 Total # IDUs statewide		
**79.06% of the 4,919 Total # AIDS cases statewide		

Sources: Wisconsin Task Force on IV Drug Abuse and AIDS; Bureau of Health Information.



# Substance Abuse Programming for Women, Pregnant Women and Women with Dependent Children

## ▪ Statewide Urban/Rural Women's AODA Treatment Project

Over the past two years (2000-2001), the Department of Health and Family Services, in cooperation with the Department of Workforce Development, has administered a statewide substance abuse treatment initiative for women and low-income individuals (s. 46.86 (6) Stats.). The Statewide Urban/Rural Women's AODA and TANF AODA Project provided over \$2 million dollars in grants to eight treatment providers throughout the state in Brown, Chippewa, Dane, Douglas, Eau Claire, Fond du Lac, Forest, Oneida, Vilas, and Washington Counties.

The grant sites utilize women-specific AODA treatment services, a relational/cultural model, and an integrated/wraparound philosophy in effective treatment and recovery planning. The project vision is as follows:

*To implement a practice change and system transformation in Wisconsin by having a strength-based coordinated system of care, driven by a shared set of core values, that is reflected and measured in the way we interact with and deliver supports and services for families who require child welfare, mental health, and substance abuse services.*

Core Values Guiding This Initiative	
Family Centered	Consumer Involvement
Builds on Natural and Community Supports	Strength-Based
Unconditional Care	Collaboration Across Systems
Team Approach Across Agencies	Gender/Age/Culturally Responsive Treatment
Self-sufficiency	Education and Work Focus
Belief in Growth, Learning, and Recovery	Outcome-oriented

The following is a list of the eight contract sites for the Statewide Urban/Rural Women's AODA Treatment Project.

- ***Integrated AODA & Work Services (Madison)***  
Dane County Department of Human Services & ARC Community Services, Inc.
- ***Fond du Lac Women's and Children's Services (Fond du Lac)***  
ARC Community Services, Inc., - ARC Fond du Lac
- ***Beacon Continuing Care (Fond du Lac)***  
Fond du Lac County Department of Community Programs & Friends of Women in Recovery, Inc.
- ***Women's Recovery Journey (Green Bay)***  
Family Services of Northeast Wisconsin, Inc., Brown County
- ***Women's Way (Eau Claire and Chippewa Falls)***  
Lutheran Social Services of Wisconsin and Upper Michigan, Inc., Eau Claire County
- ***Tri-County Women's Outreach Program (Minocqua, Rhinelander, and Eagle River)***  
Human Service Center, Forest, Oneida, and Vilas Counties
- ***Women's Recovery Program (West Bend)***  
Comprehensive Community Services Agency (CCSA) of Washington County & Genesis Behavioral Services, Inc.

- ***Women In Transition (WIT) Program (Superior)***

Douglas County Department of Human Services (DCDHS) and The Recovery Center

During calendar year 2001, 531 clients were served by all projects--of that, 315 or 59 percent were TANF-eligible. The statewide outcome data on all clients discharged (N = 237) for the year was as follows:

- Forty-seven percent (47%) of clients had completed or were actively involved in substance abuse services four to eight months after admission (the time of the second interview). This rate exceeds that found in the general population of publicly funded female clients (46%). Considering the multiple problems and severity of addiction exhibited by grant clients, this should be considered a noteworthy achievement.
- Better outcomes were found among those clients engaged in or completing services than those not completing services in the areas of housing, employment, abstinence from using substances, emotional health, recovery support, basic living skills, access to health care, and finances.
- While actual per client earnings didn't change during the study period, the proportion of clients who were employed increased 5 percentage points from admission to 18 months after admission despite a worsening economic situation in the state. In other words, 21 clients who did not have jobs at admission had jobs 18 months later.
- The outcome study presents evidence that the collaborative services are capable of reducing crime (arrests) by 60 percent among clients served and saving \$271,956 in criminal justice system costs (\$665 per client) in one year (Note: Incarceration cost savings are not included).
- Per client TANF cash payments declined slightly during the study period, and the percentage of clients receiving TANF cash payments declined 4 percentage points from admission to a year-and-a-half after admission. That is, 17 fewer clients received TANF cash payments 18 months after admission. Compliance with W-2 employability plans also increased as a result of the project's services.

- **Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/E)**

The Wisconsin Treatment Outreach Project (WTOP) through the University of Wisconsin, Division of Continuing Studies, provided all the training throughout the state on FAS/E and other AODA-related topics. The outcomes for 2001 are:

- 401 service providers attended FAS and related training offered during the project year.
- 126 service providers attended the statewide training on the relational/cultural model of therapy for women in AODA treatment.
- 185 service providers attended 4 regional trainings on motivational interviewing and neurobiology of addiction.
- 44 parents/caregivers and children attended the Family Empowerment Network (FEN) Family Retreat.
- Consultation with service staff of the eight WTOP sites continues in the area of FAS and services to women and their children.
- 2 Mentor projects were facilitated in Green Bay and Rhinelander and will continue under the Sharing Treatment and Recovery (STAR) project.
- The FAS Electronic Curriculum was completed and distributed.

- **Wisconsin Women's Education Network (WWEN) on Addiction and Recovery**

The WWEN Project is funded through a state contract utilizing federal SAPT Block Grant funds. Its

project goals are to connect and educate the state concerning the need for women-specific AODA treatment services as follows:

- Create an informational newsletter geared to women's issues in addiction and recovery. The *WWEN Connection* audience was originally comprised of members in the WWEN network (individuals and agencies interested in the project's goals). This audience now encompasses women in grassroots recovery communities, men and women who have learned of the project through training or attending the conference, and nationally through word of mouth. The *WWEN Connection* also highlights treatment programs around the state conducting any kind of treatment that attempts to meet the needs of women.
- Conduct an annual, statewide women's issues and addiction conference to educate cross disciplines for more effective collaboration and treatment.
- Provide training and technical assistance to agencies and cross disciplines to develop treatment programs that meet women's needs.

Since the beginning of the project in 1996, The *WWEN Connection* newsletter has grown from a handful of subscribers to over 650 members on the mailing list from every area of the state. The WWEN project initiated and developed a statewide directory of women-specific treatment services divided by regions. This directory is updated every two years and is mailed or given to approximately 150 agencies around the state. The statewide WWEN conference is held each September. Each year the conference has brought in nationally known speakers as well as local experts to conduct workshops in women's issues on treatment and continued recovery for themselves and their families. During 2001, WWEN completed production of *Many Faces, One Journey* video. This video is a story of seven women's journey to recovery.

The WWEN Project, in 1998, applied for and received a major federal Center for Substance Abuse Treatment (CSAT) grant to develop grass roots points of contact (help desks) around the state to reduce stigma and improve availability of treatment services for women. This project was called STAR (Sharing Treatment and Recovery). Federal funding for STAR ended in December 2001; however, STAR desks are still operational in spite of the loss of federal funds through some agency partnerships and many volunteers.

▪ **Milwaukee AODA-TANF Treatment Project**

- ***Projecto Renacimiento, United Community Center (UCC), Milwaukee, Wisconsin***  
The target group includes low-income Hispanic women residents of Milwaukee County.
- ***Milwaukee Women's Center, Milwaukee, Wisconsin***  
Positive Options for Women Entering Recovery (POWER).
- ***Our Home Foundation/Meta House, Milwaukee, Wisconsin***  
Residential and day treatment for women-specific treatment needs.
- ***Project MATE (Milwaukee AODA TANF Evaluation)***  
The Center for Addiction and Behavioral Health Research, School of Social Welfare, University of Wisconsin-Milwaukee.

The second year (2001) of the Milwaukee AODA TANF Service System (MATSS) program, under s. 46.48 (3) Stats., was marked by enormous change and evolution toward the goal of a coordinated system of care. An initial goal of the project was the adoption of common screening and assessment measures throughout the system in order to facilitate communication and ease of referral. During 2001, 16 agencies utilized the Prescreen as a method of identifying persons who might be in need of AODA services, bringing the total to 19 agencies. In addition, the number of Central Intake Units (CIUs) that were operational and used the Alcohol Use Disorders Identification Test (AUDIT) and Multi-Problem



Screening Instrument-Abbreviated (MPSI-A) were increased to seven, while twelve voucher agencies that had admitted the most TANF-eligible person were using the common assessment instrument, Addiction Severity Index (ASI).

Over 3,400 persons were prescreened in the first 17 months of the project, and of the 19 agencies using the Prescreen, 16 reported over 20 percent of persons prescreened were in need of further assessment for AODA. This seems to suggest that the Prescreen (which has been shown to accurately predict the likely presence of an AODA problem in over 80 percent of cases) is identifying those with a substance abuse problem above the national average of 12 percent of the general population. More women were prescreened than men, and more African Americans than any other cultural group.

The expansion of the CIU capacity has been a significant accomplishment of the MATSS program. Of particular note has been the inclusion of two correctional sites in this group, an important development when more than 75 percent of persons admitted had contact with the courts or police before prescreening. The CIUs are the main entry point for publicly funded Milwaukee AODA services, and in the first 17 months of the project, almost 2,200 persons were screened using the standardized measures (AUDIT and MPSI-A) that are available in several languages. These consumer-friendly developments of increased access and more diverse language availability are the building blocks of a more accurate assessment that will lead to referral to more appropriate levels of care.

Almost 80 percent of those screened were serious alcohol and drug users, with rates of co-morbid conditions well above national averages, especially for depression. These data point to the challenges and necessity of developing this coordinated system of care for the people who are seeking help in Milwaukee County. They have severe AODA problems, they are involved in multiple service systems, and they experience high rates of co-occurring conditions, especially depression and anxiety.

Based on data from the ASI, those who entered treatment were overwhelmingly women of color, with long histories of alcohol and drug use, without a high school degree and little work experience. They had extensive histories of violence, trauma, and other mental health-related problems. What they did bring, however, were strengths that are an important component of the recovery process--strong concern about their substance abuse and desire to change their destructive behavior.

One-third of those who were assessed with the ASI were still in treatment after three months. This attests to the challenges these women face in attempting to achieve and maintain sobriety and the need for program improvements that will increase treatment retention. Despite this drop-off, those consumers who were able to stay in treatment experienced significant cessation of drinking and drug use, but less dramatic gains in other areas that contribute to their stability (e.g. education, job training, psychological functioning). These findings are presented in the following table:

	Percent at Entry into Treatment	Percent at 3 Months after Admission
No Cocaine Use		
Males	38.9 (90)	100.0 (5)
Females	42.9 (310)	85.7 (91)
No Alcohol Use		
Males	52.3 (88)	60.0 (5)
Females	54.5 (314)	69.6 (92)
No Alcohol Use to Intoxication		
Males	60.4 (91)	66.7 (6)
Females	60.3 (310)	85.7 (91)
Enrolled in Educational, Vocational, or Job Readiness Program		
Males	23.4 (64)	0.0 (4)
Females	34.9 (195)	37.9 (66)
Employed in paid work in last 3 months		
Males	39.3 (89)	71.4 (7)
Females	20.4 (314)	36.6 (93)
No serious depression		
Males	75.6 (86)	66.7 (6)
Females	49.2 (317)	50.5 (91)
No serious anxiety or tension		
Males	61.6 (86)	50.0 (6)
Females	45.1 (317)	52.7 (91)
No serious thoughts of suicide or suicidal behaviors		
Males	89.5 (86)	83.3 (6)
Females	85.8 (318)	96.7 (90)

▪ **ARC Healthy Beginnings**

Administered by ARC Community Services, Inc., Madison, under s. 46.48 (29) Stats., ARC Healthy Beginnings provides outreach, case finding, and stabilization services (housing, employment, parenting, etc.) as well as specialized treatment services, for pregnant/postpartum women in the community. The purpose is to overcome barriers that prevent these women from entering and staying in treatment and to reduce the medical consequences of substance abuse to mother and child. In 2001, ARC Healthy Beginnings served a total of 35 women and 22 infants. All infants received on-site childcare placement while the mothers were in treatment at a significant cost savings to the mothers. Of the 20 women discharged from treatment in 2001, 18 or 90 percent successfully completed. Two of the 18 women were employed at the time of admission to treatment, and the remaining 16 obtained employment while in treatment. None of the successfully discharged women became re-involved with the criminal justice system while receiving services. Other outcomes have been estimated such as savings in medical costs associated with fetal alcohol syndrome, foster care placements avoided, and reductions in incarceration costs.

- 17 healthy babies were born drug free from high-risk pregnancies at a projected savings from prevention of FAS/E births (\$163,000 per birth based on figures from the 1994 CSAT evaluation) of \$2,119,000.
- 18 women were discharged to a safe and stable living situation.
- 18 women obtained employment.

- 15 women were drug-free at discharge.
- 18 women had no new criminal justice system contact.

## **Criminal and Juvenile Justice Populations**

### ▪ **Treatment Alternative Program (TAP)**

The TAP program is an alternative to incarceration for certain substance-abusing offenders (s.46.65 Stats.). TAP was modeled after the nationally successful Treatment Alternatives to Street Crime (TASC) Program. TAP's goal is to break the substance abusing offender's drug/crime cycle through the use of an intensive case management/treatment model and systems collaboration that "bridges" the gap between the criminal justice and alcohol and drug treatment systems.

TAP presently operates in the counties of Dane, Rock, and Eau Claire. There are 132 slots for the program that averages six to nine months in length. During 2001, the Dane County TAP program (DCTP) reported a 67 percent successful completion rate. TAP has been independently evaluated by the University of Wisconsin-Madison Center for Health Policy and Program Evaluation (CHPPE). Results from CHPPE's eighteen-month follow-up study indicate that Dane County OWI TAP clients completing treatment were rearrested for OWI significantly less than non-completers. TAP OWI completer rearrests for OWI were reduced by over 50 percent.

For the past six years, Dane County TAP has provided the infrastructure for the state's first drug treatment court. Four hundred thirty-six (436) individuals have participated in Dane County's drug court with a 70 percent successful completion rate, which exceeds the national drug court completion rate of 48 percent. Results further indicate that the average number of new criminal arrests per offender is 79 percent lower for DCTP graduates than for non-completers and 71 percent lower than those who decline entry into TAP. Other significant outcomes include the fact that there has been an 81 percent decrease in unemployment for participants, three drug-free babies were born, a number of parents resumed or paid their back child support, and six W-2 recipients are now self-sufficient.

### ▪ **Statewide Juvenile Justice Pilot Program**

Originally created in 1987 by Wisconsin Act 339, Section 48.547 the Juvenile Court Pilot Programs are continuing to provide screening to youth upon entering the Juvenile Justice System in 10 counties throughout the state. All sites use a standardized instrument and screen for needs and problems associated with alcohol and drug use. In 2001, 3,885 youth received this screening and referral service at the following locations:

- Dane County Human Services Department under subcontract to the University of Wisconsin Health Center - Adolescent Alcohol/Drug Abuse Intervention Program (AADAIP).
- Dunn County Department of Human Services and Arbor Place.
- Eau Claire County Department of Human Services under subcontract to Omne Clinic.
- Fond du Lac County Juvenile Court Intake Office.
- Tri-County Human Services Center serving Forest, Onieda, and Vilas counties under subcontracts with the three county juvenile court intake offices, Family Resource Center, Inc., and Kohler Behavioral Health Services.
- Kenosha County Department of Human Services under subcontracts to the Kenosha County Juvenile Court Intake Offices and Professional Services Group.

- Milwaukee County Department of Human Services, Delinquency and Court Services.
- Outagamie County Juvenile Court Intake Office and ThedaCare.
- Portage County Health and Human Services Department and Ministry Behavioral Health.

Two of the nine sites have routine outcome measurement underway. Positive outcomes were achieved in the following areas: adolescents feeling understood and respected by their parents; adolescents and parents feeling more family closeness and ability to discuss problems; parents and adolescents recognizing AODA effects and consequences; overall perception of the teen/family situation being improved; and overall satisfaction with the services. The remaining seven sites are in the process of developing centralized systems for gathering outcomes data.

#### ▪ **Department of Corrections**

The Department of Health and Family Services administers a \$1.3 million annual contract with the Department of Corrections to provide substance use disorder treatment services to offenders in institutions and those under community supervision. The services are provided in a variety of settings including community outpatient clinics, residential treatment facilities, and in the institutions. The services aspire to increase abstinence from mood-altering substances, improve social functioning, and reduce recidivism. The following programs were funded during 2001:

- Division of Adult Institutions
  - Taycheedah Correctional Institution, Fond du Lac (Institutional Group Treatment Program).
- Division of Juvenile Corrections
  - Ethan Allen School for Boys, located in Waukesha County (Institutional Group Treatment Program).
  - Lincoln Hills School for Boys, located in Lincoln County (Institutional Group Treatment Program).
- Division of Community Corrections (subcontracts)
  - ATTIC Correctional Services, Baraboo (Day Treatment).
  - ATTIC Correctional Services, La Crosse (Day Treatment).
  - Blandine House, Fond du Lac (Transitional Residential Treatment).
  - Genesis Behavioral Services-Options Residential, Kenosha (Transitional Residential Treatment).
  - Genesis Behavioral Services - Phoenix Outpatient, Milwaukee (Day Treatment).
  - Human Service Center-Koinonia, Rhinelander (Medically Monitored Treatment-residential).
  - Lac Courte Oreilles Tribe-American Indian Halfway House, Hayward (Transitional Residential Treatment).
  - Lutheran Social Service-Affinity House, Eau Claire (Transitional Residential Treatment).
  - ThedaCare Behavioral Health Services, Appleton (Day Treatment).
  - Triniteam, Eau Claire (Outpatient Treatment).
  - Wisconsin Correctional Service-Wings, Milwaukee (Transitional Residential Treatment).

During 2001, over 1,040 offenders with substance use disorders received services under this program. A review of quarterly progress reports submitted from individual agencies indicate the following outcomes:

- 90-100% of participants are drug-free during service provision.
- 45-96% (avg. 70%) successful completion of services or graduation from the program.
- Recidivism reduced among participants by 21 percentage points as compared to offenders not participating in services (11% participants vs. 32% non-participants).
- Participants report a high level of satisfaction with the services received.

## Minority Populations

The Bureau of Substance Abuse Services provides service oversight for racial and cultural minorities in all programs, using data to monitor and evaluate services that are effective and culturally competent. The three programs highlighted below specifically serve African American and Hispanic individuals and Wisconsin American Indian Tribes.

### ▪ **In-Home and Community Based Treatment for Minorities**

The In-Home and Community Based Treatment for Minorities program funds La Casa de Esperanza, Inc., in Waukesha and the Milwaukee Women's Center in Milwaukee to provide intervention, treatment, and family support services to low-income Hispanic and African American children and families. Following are examples of outcome findings for La Casa:

- 75% increase in therapy services to men.
- 45% increase involving family members/significant others in treatment.
- 200% increase in education provided to clients via group presentations by other professionals (mental health, HIV/STD, etc).

### ▪ **Consolidated Family Services**

Since 1992, the Consolidated Family Services contract has provided funding on an annual basis for substance abuse services and includes prevention of youth substance abuse, treatment of adult and youth substance abusers, parenting education, and in-home counseling for substance abuse. Thirteen different social service programs were consolidated into a single contract on behalf of the state and each of the tribal governments. Each tribe has the flexibility to emphasize those services that they determine meet the community and the families' identified needs. The range of family services includes adolescent parent self-sufficiency and pregnancy prevention, child care, child welfare, choices for girls and young women, domestic violence, and facilitation of the delivery of accessible, available, culturally appropriate, and integrated services. About one-third of reservation families receive direct services from the program.

Outcome measures, as part of a three-year planning cycle, determine the effectiveness of program services and whether participants are benefiting from their involvement in the program. Service providers then use this information to assess and improve services to the community. Following are some outcome findings in 2001:

- 70 percent of youth attending a six-week classroom curriculum demonstrated increased knowledge of AODA.
- 100 percent of participants attending parenting training sessions demonstrated increased knowledge of parenting skills.
- 60 percent of girls and 100 percent of boys participating in youth program activities abstained from alcohol/drugs.

### ▪ **Adult Residential Treatment Program -United Community Center (UCC)**

The UCC operates a residential treatment program for Milwaukee Hispanic residents (s. 46.48(5) Stats.), located in an eight-bed, community-based residential facility licensed by the state for adult substance abusers needing 24-hour care. Average stay at the facility is 60-90 days and includes a 24-hour therapeutic milieu with group, individual, and family counseling and education. The program served 28 residents in 2001. Two-thirds of discharged residents completed the program satisfactorily.

## Adolescent Populations

The following activities are included in this report due to their intervention and treatment activities in addition to prevention. Other substance abuse youth prevention activities are administered within the Department of Health and Family Services' Division of Children and Family Services.

### ▪ **Synar Tobacco Control Project**

The purpose of the federal Synar legislation is to require states to monitor illegal sales of tobacco products to underage youth and to demonstrate a measurable reduction in such sales over time. To meet this requirement, mandated in the federal Substance Abuse Prevention and Treatment Block Grant, states must conduct an annual, scientific compliance survey of randomly selected retail outlets that sell tobacco products.

During the summer of 2001, the Bureau of Substance Abuse Services (BSAS) conducted the fifth annual statewide retail tobacco "compliance check" survey. This survey is designed to ascertain the prevalence of merchants in Wisconsin who sell tobacco products to minors. The compliance check survey is a federal requirement under section 1926 of the Public Health Service Act, otherwise known as the "Synar Amendment."

The table below summarizes the 2001 inspection survey results.

Summary of Tobacco Inspection Results by State Geographic Sampling Unit										
(1)		(2) No. of Tobacco Outlets*			(3) No. of Outlets Randomly Inspected in Federal Fiscal Year 2001			(4) No. of Outlets Found in Violation During Random Inspections		
	Geo-graphic Sampling Unit	(a) Over-the-Counter (OTC)	(b) Vending Machines	(c) Total Tobacco Outlets (2a + 2b)	(a) OTC	(b) Vending Machines	(c) Total Tobacco Outlets (3a + 3b)	(a) OTC	(b) Vending Machines	(c) Total Tobacco Outlets (4a + 4b)
No.	Statewide	---	---	16,800	485	70	555	143	44	187
Percent**	---	---	---	---	---	---	---	29.5	62.9	33.7

\* Wisconsin tobacco sales licenses do not specify the type of outlet (i.e., whether the license is for over-the-counter sales or vending machine sales). Therefore, columns 2 (a) and 2 (b) are not completed.

\*\* Percentages apply only to column 4, which details the final inspection failure rate for the survey.

There were a total of 555 compliance checks in 2001. Of the 555 observations, 187 vendors sold to minors on the inspection team for an inspection failure rate of 33.7 percent. Previous violation rates were 22.6 percent in 1997, 27.8 percent in 1998, 22.0 percent in 1999; and 24.6 percent in 2000.

Inspection teams were asked to record whether a retail outlet had a sign posted indicating that Wisconsin law forbids the sale of tobacco products to minors. Posting of such a sign is required by s.134.66, Stats.. Results indicate that 222 sites had the appropriate sign posted. This represents 40.0 percent compliance.

- **Services to Persons in Treatment**

Although the name has changed from *Child Care Services for Parents in Treatment*, priority is still given to women in treatment (s. 46.55, Stats.). Grants are established for the provision of child care services for low income or single parents in treatment for the purpose of removing the barrier of child care that was preventing many parents from seeking treatment. Services provided under this program include licensed in-home day care, licensed child care center, foster care, and group home care.

The Substance Abuse Prevention and Treatment Block grant provides \$250,000 for childcare services for low income and persons from the 1987 assembly bill. Funds were provided to ten county human service departments (Dane, Eau Claire, Kenosha, La Crosse, Marathon-Lincoln-Langlade, Milwaukee, Waukesha, and Winnebago). These agencies served 371 children and parents in 2001.

- **Residential Substance Abuse Treatment for Adolescents**

This contract with the Human Services Center of Forest, Oneida and Vilas Counties enhances the provision of adolescent treatment services for the three-county area. Services are provided by Kohler Behavioral Health and through the Koinonia Residential Treatment Center when appropriate. This project also supports specialized adolescent outpatient services provided through the Lac du Flambeau Tribal Program—the AODA Native American Treatment Program at Koinonia. This project seeks to provide culturally oriented residential programming, when needed, through treatment programs with a strong cultural program orientation. It operates in conjunction with Indian Health Services funds to cost share adolescent treatment placements in certain placement situations. Services are also coordinated in conjunction with the adolescent juvenile court program serving individuals who are identified as being in need of education or treatment. During 2001, services were provided to 41 adolescents.

- **Inner City Councils**

Under the inner city high-risk youth projects, Rock, Racine, Kenosha, and Dane counties received funds for community-based education, prevention, and treatment programs. Each Council received a combination of inner-cities and drug-free school dollars. Following are outcomes of 2001 programming:

- **Rock County:** The Beloit Inner-City Council provides AODA prevention, intervention, treatment, and referral services to youth, adolescents, and adults.
  - 4 out of 11 youth who had been expelled from school returned to public school classes in January after completing the Beloit Inner City Learning Center school expulsion program.
  - 90% of participants received passing scores in the outpatient treatment group.
  - 100% reduction in “new anger” episodes.
- **Kenosha:** The Lincoln Neighborhood Community Center merged with Boys & Girls Club of Kenosha in order to continue working with at-risk inner-city youth. They have continued to provide AODA prevention, intervention, and referral services to youth, adolescents, and adults.
  - 87% of participants from Birds of a Feather group remained drug and alcohol free for the duration of the group.



- 90% of Kick-It group participants successfully completed the AODA program.
- **Dane County:** The Madison Inner-City Council on Substance Abuse (MICCSA) merged with the Genesis Development Corporation to continue providing AODA prevention, intervention and referral services.
  - 8.8% increase in AODA knowledge found on pre-post tests.
  - 30% of youth contacted demonstrated improvement in attitudes; 55% of students showed improvement in resolving real-life conflicts.
- **Racine:** The Racine Council on Alcohol and Other Drug Abuse provides AODA prevention, intervention, and referral services to youth, adolescents, and their families.
  - 80% of students reported feeling more comfortable and confident entering 6<sup>th</sup> grade.
  - 82% reported feeling they could talk to the Teen Peers or adult staff about problems.
  - 86% reported understanding the importance of choosing friends wisely.
  - 93% reported feeling the Teen Peers served as positive role models.
  - 86% reported understanding the importance of studying and trying to do their best in school.
  - 100% did not use alcohol or drugs.



## Substance Abuse and Older Persons

Individuals over the age of 59 are accessing treatment services in increasing numbers, and more Wisconsin treatment providers are developing specialized programs to serve the aging population with substance abuse issues. To bring research science to service providers, the Bureau of Substance Abuse Services continues to collaborate with the Bureaus of Community Mental Health and Aging and Long term Care Resources and the Bay Area Agency on Aging to provide staff support to the Wisconsin Mental Health/Substance Abuse/Aging Coalition. In 2001, five free regional trainings on Mental Health and Substance Abuse issues in the older person were provided with an average attendance of over 60 persons at each site.

The following table shows elderly admission to substance abuse treatment in Wisconsin for the last four years:

Age 60+Admissions to SA Treatment	
1998	800
1999	882
2000	987
2001	1,084

## Physical and Sensory Disabilities

There are 86,000 persons in Wisconsin receiving Social Security benefits for physical or sensory disabilities. The use of medications, health concerns, chronic pain, fewer social supports, excess free time and lack of access to substance abuse services among this population all contribute to increased risk for substance use disorders. Studies suggest that rates of alcohol and other drug abuse among persons with disabilities (15 percent) is significantly higher than that found in the general population (10 percent).

### ▪ Needs Assessment for Deaf and Hard of Hearing Individuals

During 2001, a needs assessment on substance abuse in the Deaf, hard of hearing, and deafblind using a key informant process was completed and the report distributed. Key survey findings from persons who are Deaf, hard of hearing, or deafblind include:

- Need for specialized programs.
- Need for assistive listening technology.
- Increase in Deaf AODA counselors.
- Lack of interpreters and counselors who can sign.
- Communication is a significant barrier to services.

Key survey findings from service providers include:

- Increased emphasis on substance abuse and prevention within the deaf community.
- Increase of Counselor training in sign language in Deaf culture.
- Lack of interpreters and counselors who can sign.
- Communication is a significant barrier to services.

Statewide program recommendations are as follows:

- Develop ongoing, natural, community based Deaf, and hard of hearing recovery groups.
- Science based substance abuse prevention and awareness activities among Deaf and hard of hearing communities.
- Educate substance abuse treatment program counselors, supervisors, and managers about the unique needs of Deaf and hard of hearing consumers through distance learning workshops and dissemination of written materials.
- Set aside funds to subsidize costs for interpreters.
- Require six hours of Deaf-specific needs and Deaf cultural training for counselor certification.
- Subsidize funds for residential treatment among Deaf persons.
- Provide funds for providers and county agencies for assistive technology.

The long-term goal is to establish a viable Wisconsin Deaf residential substance treatment program based on an effective model that is located in proximity to the Deaf community. The new Wisconsin Deaf, hard of hearing, and deafblind AODA program will be implemented in 2002.

The following table presents physical and sensory disability admissions to substance abuse treatment in Wisconsin:

<b>Physical &amp; Sensory Disability Admissions to SA Treatment</b>	
1998	59
1999	84
2000	103
2001	194

## Counselor Development and Competency

Professionals providing Alcohol and Other Drug Abuse (AODA) treatment receive their certification through the Wisconsin Certification Board (WCB), a private non-profit organization. The WCB began the process of setting these standards and certified the first counselors in 1977. Prior to that time no standards existed for those individuals delivering services to alcohol and drug abuse clients. The State of Wisconsin recognizes WCB certification in administrative rule, HFS 75, Community Substance Abuse Service Standards, which governs clinic certification.

### ▪ Wisconsin Certification Board, Inc.

The Bureau of Substance Abuse Services administers a \$121,500 contract to support the functions of the Wisconsin Certification Board (WCB). One of the many goals of WCB is to provide ongoing certification and a re-certification process for Wisconsin's alcohol and drug counselors. The WCB also participates in the International Certification Reciprocity Consortium. The WCB receives complaints, investigates and sanctions persons who are under WCB jurisdiction and are alleged to have violated the Counselor, Clinical Supervisor, and Prevention Code of Conduct. The charts illustrate the growth in the Substance Abuse Counseling Field in 2001.

The charts in this section identify some notable counselor certification statistics.

Number Credentialed in 2001	
Category*	#
PLAN	48
RADC I	177
CADC II	29
CADC III	1287
CCS I	14
CCS II	193
CCS-G	241

\*PLAN: Having a plan on file;  
**RADC I**-Registered Alcohol and Drug Counselor I; **CADC**-Certified Alcohol and Drug Counselor II and III; **CCS**-Certified Clinical Supervisor I and II, and **CCS-G**-Certified Clinical Supervisor-Grandparented.

Ethnicity (of persons reporting)	Number of Pre-certified Counselors**	Percentage
African American	45	21
Asian American	3	1
Caucasian	134	64
Hispanic/Latino	11	5
Native American	16	8
Other	2	1
<b>Total</b>	211	100

\*\*Includes persons having a Wisconsin Counselor Certification Development Plan and Registered Alcohol and Drug Counselor I. N=211 as of 12/2001.

<b>Ethnicity</b> (of persons reporting)	<b>Number Certified**</b> *	<b>Percentage</b>
African American	92	7
Asian American	4	0
Caucasian	1176	89
Hispanic/Latino	22	2
Native American	22	2
Other	3	0
<b>Total</b>	<b>1319</b>	<b>100</b>

\*\*\*Includes CADC/CADC II/III and CCS-G. CCS I/II are included with CADC II/III. N=1430 as of 12/2001.

#### ▪ **Minority Training Program (MTP)**

The Minority Training Program is a statewide initiative to support the growth and development of the AODA profession among minorities in Wisconsin. The Bureau of Substance Abuse Services administers a \$283,000 contract with the Wisconsin Association of Alcohol and Other Drug Abuse (WAAODA) to provide administrative support and guidance to the Minority Training Program. The Program is staffed through individually contracted consulting agreements.

The Minority Training Program provides workforce development through professional consultation, educational/certification advice and career mentoring. The program creates learning opportunities for participants who are seeking to become Certified Alcohol and Drug Counselors. The program staff facilitate accessibility to a wide range of formalized educational opportunities.

The following tables depict some notable statistics from the program:

<b>Minority Training Project Outcomes Year 2001</b>	
Number of MTP participants achieving CADC status	25
Number of MTP participants who passed the Elements Test	45
Number of MTP participants who were awarded Certified Clinical Supervisor Credential	5
Number of enrollees attending academic institutions	33
Number of participants employed in the AODA field	100
Total number of MTP funded trainings during the year 2001	23
Average quarterly enrollment	164

<b>Membership in Ethnic Groups</b>	
African American	60%
Hispanic/Latino	20%
Native American	17%
Asian	3%

- **Midwest Institute**

The Midwest Institute for substance abuse professional education in 2001 marked the 47<sup>th</sup> annual summer and the 27<sup>th</sup> annual winter institutes. Following the Summer 2001 event, Wisconsin discontinued its participation in the Institutes. The development of other avenues for counselor training has grown over the past several years, and the number of attendees for Midwest has diminished.

Winter & Summer Institutes Participation from All States		
Year	Winter	Summer
2001	134	126
2000	206	160
1999	160	178
1998	203	189
1997	139	151
1996	124	148
1995	158	120

## Compulsive Gambling Awareness Campaign

According to a 1996 Wisconsin survey by the Wisconsin Policy Research Institute, there are an estimated 13,700 to 32,400 problem gamblers in Wisconsin whose average gambling debt is between \$27,000 and \$38,700. The economic impact of problem gambling in Wisconsin is over \$300 million annually. In addition to financial, employment, and family problems, compulsive gamblers have a suicide rate 11 times higher than the general population. The incidence of problem gambling is also highest among teens and the elderly.

In 2001, the Legislature allocated \$250,000 to the Department of Health and Family Services to provide grants to one or more individuals or organizations in the private sector to conduct compulsive gambling awareness campaigns (s. 46.03 (43), Stats.). The Bureau of Substance Abuse Services has oversight for this program due to gambling's addictive characteristics.

The Bureau of Substance Abuse Services contracted with the Wisconsin Council on Problem Gambling (WCPG) to develop a statewide awareness campaign addressing the issue of compulsive gambling. Their primary mission is to educate and promote public understanding of problem gambling and the disorder of compulsive gambling. The WCPG is a non-profit organization located in Green Bay.

Among the initiatives of the 2001 awareness campaign were the following: expanded visibility for the Council's 24-hour helpline, which provides referral services for callers; a public information/media campaign; a pilot training program for human service professionals for a high school gambling prevention curriculum; and a statewide information and networking conference.

The campaign is directed at all gamblers and those affected by problem gambling. Older persons and minors have been identified as high-risk populations.

- **24-hour Toll-free Helpline .**

Many of the calls received by WCPG are for general information and support. Callers are family members, employers, and afflicted gamblers themselves. The WCPG has seen a steady increase in calls over the last several years as shown in the following table:

Calls to the 24-Hour Help Line	
1996	3,433
1997	3,865
1998	4,653
1999	4,742
2000	5,052
2001	5,195

The average gambling debt amount reported by callers in 2001 was \$36,518. The approximate total debt reported by all callers in 2001 was over \$189 million.

- **Public Information/Campaign.**

- The web site received 1,476 hits.
- Approximately 350 media contacts were made.
- 25,000 booklets, "Is Gambling Affecting Your Life?" were printed and distributed.
- Bus ads ran in nine cities.

- Pump-top ads were displayed at 50 different locations.
  - Signage was put in 11 Wisconsin gambling casinos in the bathroom stalls.
  - Billboards were placed in Northern Wisconsin.
  - A partnership was maintained with The Wisconsin Lottery.
  - Continued distribution of the school curriculum, “Gambling: Choices and Challenges.”
- 
- **Statewide Conference.**  
 The second annual Compulsive Gambling Awareness Conference, “*Continuing the Education, Awareness and Prevention,*” was held on March 29,30, 2001, in Wausau. The conference featured plenary presentations from national experts in the field of problem gambling, along with several workshops that explored issues such as gambling addiction recovery models, gambling problems among the elderly, adolescent gambling, social costs of gambling, and legal issues. There were a total of 120 participants in attendance. Conference evaluation forms indicated a high degree of satisfaction with this third-year conference, including very positive comments from out-of-state guests.
- 
- **Training for Human Services Professionals.**  
 WCPG conducted three introductory and three advanced counselor certification training sessions. These trainings are necessary for eligibility as a referral source for the 24-hour helpline. A total of 82 participants were trained at these sessions. WCPG developed and implemented a “Train the Trainers” program. The state was divided into five regions. This program has ensured that trainers are available throughout the state.
- 
- **Mini-Grants .**  
 In November 2001, four mini-grants were awarded to different agencies to provide public awareness activities in their communities and to enhance the public awareness program that is conducted by WCPG. The award recipients were: Coulee Council on Alcohol and Other Chemical Abuse in LaCrosse (\$5,000), Chippewa County Department on Aging, Dunn County Department on Aging and Eau Claire County Department on Aging (\$3,333 each). A report on activities will occur in the 2002 report.

## Administration

The following activities form the basis for overall guidance and support to the delivery of services. They are mainly categorized as planning, policy-making, and evaluative rather than client-oriented.

- **HFS 75: Substance Abuse Services Standards**

HFS 75 repealed HFS 61.022 (1), (4) and (6) and 61.06 (14) and subch. III of ch. HFS61, Wisconsin Administrative Code. HFS 75 establishes standards for community substance abuse prevention and treatment services under Section 51.42 and 51.45, Stats., Sections 51.42 (1) and 51.45 (1) and (7), Stats., to provide that a full continuum of substance abuse services be available to Wisconsin citizens from county departments of community programs, either directly or through written agreements or contracts that document the availability of services. HFS 75 was promulgated effective August 1, 2000.

In 2001, a Division of Supported Living Memo Series (2001-04) was issued to identify and explain changes and new components of the requirements. There is a process for the “grandpersoning” of some Clinical Supervisors, based on Verification of Criteria for Clinical Supervisors as defined in HFS 75.02(11), which is published on the Bureau’s web site ([www.dhfs.state.wi.us/substabuse](http://www.dhfs.state.wi.us/substabuse)). Due to the complexity of issues surrounding implementation of the new rules, technical assistance continues for individual providers upon request.

- **Wisconsin Uniform Placement Criteria for Adult Substance Abuse Patients**

Wisconsin Uniform Placement Criteria (WI-UPC) was included as one of the two approved placement criteria for all certified AODA services in the enacted s. HFS 75, Substance Abuse Standards. An extensive regional training calendar was developed and implemented. In 2001, UPC training was provided to 238 individuals who attended 12 training sites held throughout the state. Of these, 50 training packages were distributed, reaching approximately 400 additional persons. The responses to the UPC training have been overwhelmingly positive. The Bureau of Substance Abuse Services also provided technical assistance to individual counties and regions when needed.

- **Data Collection and Evaluation Initiatives**

The Drug and Alcohol Services Information System (DASIS), a \$72,000 federal SAMHSA grant that collects treatment client data, has increased reporting coverage to 90 percent of publicly-supported treatment clients across the state. The goal is 100 percent coverage. The federally required Treatment Episode Data Set (TEDS) system is housed in the Division of Supportive Living’s Human Services Reporting System and collects admission, demographic, services, and discharge data on clients whose treatment is supported with public funds. A variety of state, county, and provider reports are produced and disseminated each year.

- **Outcome Measurement Training**

In 2001, the Bureau of Substance Abuse Services provided outcome measurement training to 30 professionals from 20 of Wisconsin’s 72 counties. Yearly updated training has been provided that addresses next step needs and latest information such as implementing outcomes, selecting indicators, developing objectives, data collection, “real life” experiences, and the Department of Health and Family Services perspective. This has resulted in data that can be used in measuring the outcomes of treatment and planning for future needs.



- **County Quality Improvement Reviews**

Five county provider quality improvement reviews were completed in 2001 in Crawford, Dane, Dunn, Kewaunee, and Trempealeau counties. Review teams consisted of BSAS staff, representative of the Office of Strategic Finance's Regional Office, and peer reviewers (professionals from state-certified AODA programs not in the county being reviewed) and a consumer representative. In addition to meeting federal grant requirements, these reviews of systems and providers have benefits both in identifying technical assistance needs and showcasing counties with exemplary delivery systems. BSAS has received letters from the counties involved that illustrate the positive response to this collegial process of assessing service delivery.

- **Research to Practice Teleconference Series on Substance Use Disorders**

The Bureau of Substance Abuse Services, in April 2000, began offering a monthly statewide teleconference series on research-based addiction treatment issues. These teleconferences have been developed through the Bureau's partnership with the Great Lakes Addiction Technology Transfer Center (GLATTC). Teleconference training allows professionals around the state to share best practice information and consultations in a convenient format.

Approximately 350 addiction treatment professionals at 22 sites, statewide, participated in 2001. The teleconference provides training by national addiction treatment researchers and is moderated by Dr. Michael Bohn, the Bureau's Addiction Treatment Consultant. Evaluations, to date, continue to rate the teleconferences as very good to excellent.

#### **2001 Teleconference Series Topics**

- Node Link Mapping
- Methadone
- Eating Disorders and Substance Abuse
- Post Traumatic Stress Disorder (PTSD)/Substance Use Disorders
- Couples in Therapy
- Improving Treatment Compliance and Client Retention
- Medications for Treatment of Alcohol Dependence
- Assessment and Treatment of Dually Diagnosed Clients

- **Turning Point - Healthiest Wisconsin 2010 Plan**

The Department of Health and Family Services' Turning Point Health Plan for the Decade sets forth Wisconsin's top health priorities. Alcohol and Other Substance Use and Addiction has been ranked among Wisconsin's top health concerns. Meetings with Turning Point's Alcohol and Other Substance Use and Addiction subcommittee occurred during 2001 to develop four objectives that would guide local public health activities. Action plans are being drafted for each of the four objectives as part of the implementation phase of the Healthiest Wisconsin 2010 plan.

▪ **Great Lakes Addiction Technology Transfer Center (GLATTC) Project**

GLATTC is a multi-state partnership of each of the single state agencies for substance abuse in Wisconsin, Ohio, Michigan, Indiana, and Illinois. The project, under a five-year grant from the Center for Substance Abuse Treatment (CSAT), has as its goal unifying addiction science education and services to transform lives through technology transfer. Funds from GLATTC in 2001 were instrumental in assisting the Bureau with its Statewide Substance Abuse Annual Conference, the Research to Practice Initiative and the Research to Practice Teleconference series as well as other projects. The Wisconsin initiative will be used as a national case study of systems change for the federal Addiction Technology Transfer Center (ATTC). In 2001, the following information and training events were held:

- The Bureau of Substance Abuse Services, in conjunction with GLATTC and the Center for Addiction and Behavioral Health Research (CABHR), submitted an application to CSAT for a Practice Research Collaborative Grant.
- Wisconsin's Research to Practice initiative was one of the few national examples chosen to present at CSAT's "The Change Book" workshop in Boston in July of 2001.
- GLATTC was instrumental in arranging for plenary speakers (Dr. Andrea Barthwell, President of the American Society of Addiction Medicine and Jack Stein, Associate Director of National Institute of Drug Abuse) at the May 14-16, 2001, statewide Wisconsin Association of Alcohol and Other Drug Abuse (WAAODA) annual conference.
- Bureau of Substance Abuse Services staff and Wisconsin Consumers actively contributed to GLATTC's highly used "Healing the Stigma of Addiction" workbook for treatment professionals.

▪ **State Demand and Needs Assessment Contract**

Funded in 1999 for three years by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), the State Treatment Needs Assessment Program is conducting five studies. Findings will be available in 2002.

- *The County Composite Indicators Study* is an annual update of 16 county-level variables such as traffic crashes, alcohol-related deaths, and liquor licenses. The study will be used to improve the distribution of new substance abuse funds.
- *The Treatment Capacity and Utilization Study* is an annual update of information on treatment utilization, waiting lists, and costs that will be used in the development of the managed care pilots and other planning purposes.
- Using data from a previous survey on the prevalence of substance use disorders in Wisconsin, a synthetic estimate of prevalence will be projected annually.
- A client outcome-monitoring project involving 15 substance abuse treatment providers will be undertaken to develop tools and assess post-discharge recovery rates.
- The fifth study, *Checking the Alcohol and Other Drug Health of Wisconsin American Indians*, will involve a survey of 600 adult tribal members among five reservations.

▪ **Public Awareness Initiative**

**Addiction Services Internet Web Site:** The Bureau's web site is located within the Department of Health and Family Services' Internet web site at [www.dhfs.state.wi.us/substabuse](http://www.dhfs.state.wi.us/substabuse). Addiction Services is one of the Department's major programs, and the web pages address multiple issues and initiatives related to the use and abuse of alcohol and other drugs, gambling, and youth access to tobacco purchases. The web site includes information on bureau training and conferences of interest to the substance abuse field, links to

federal agencies and national associations, emerging drug trends, and legislation relating to substance abuse. The web site provides information on "Club Drugs," which include ecstasy, methamphetamine and other street drugs or abused prescription drugs in the news. Information about the September, National Recovery from Alcohol and Drug Addiction Month, was facilitated by using the web site to tell the public about events that were held around the state, including that of the Recovery Picnic held at Token Creek Park.

***Substance Abuse News.*** The Bureau's newsletter contains information of interest to AODA treatment providers, counselors, statewide associations, schools, county agencies and interested individuals. Information includes updates from BSAS initiatives, national and state news of interest to the AODA field, BSAS staff changes, conferences, publications, and a feature article regarding alternate modes of treatment, or highlighting a particular program. The *SA News* increased its subscribers in 2001 through Internet publishing and expanded distribution at conferences and training events.

***Informational Exhibits:*** In 2001, Bureau staff exhibited and distributed information on substance abuse prevention and treatment at 13 conferences throughout the state reaching over 3000 persons. This information was brought to persons in the fields of law enforcement, public defenders, criminal justice, aging, substance abuse, children and families, and post-secondary education.

- **2001 Statewide Substance Abuse Information Meeting**

The seventh annual Bureau of Substance Abuse Statewide Meeting, "***Moving Research to New Practices in Substance Abuse Treatment: Wisconsin's Experience.***" As a pre-meeting, the State Council on Alcohol and Other Drug Abuse held a public forum to receive any comments and concerns from the field regarding issues related to substance abuse and other issues affecting the AODA field. The meeting took place over two and one-half days, and 265 people attended. Sessions covered Trauma Stress Symptom Management, Assessment Using Bio-markers, Methadone and HFS 75, Cultural Competence, Model Insurance Plan for Substance Abuse, Workforce Training, among others. Feedback from participants about the conference indicates a high level of satisfaction and usefulness.

- **Surplus Personal Computer Redistribution**

In accordance with Department of Health and Family Services policy, the Bureau of Substance Abuse Services in 2001 redistributed five surplus personal computers for the Division of Supportive Living. Computers were relocated to community and tribal agencies. Since 1993, over 550 PCs have been distributed, saving Department funds and increasing efficiencies among contract agencies.

# State Council on Alcohol and Other Drug Abuse

Membership	
The Governor State Senator (majority party) State Senator (minority party) State Representative (majority party) State Representative (minority party) The Attorney General The State Superintendent of Public Instruction The Secretary of Health and Family Services (Chairperson) The Commissioner of Insurance The Secretary of Corrections The Secretary of Transportation Chairperson of the Pharmacy Examining Board Representative, Controlled Substances Board Member, Wisconsin County Human Services Association, Inc.	Member, Governor's Law Enforcement and Crime Commission Representative, direct provider of services to alcohol and drug abusers Six citizen members, one of whom is a consumer representative  <b>Ad Hoc Members Added by the Council</b>  Alliance for a Drug-Free Wisconsin Department of Revenue Department of Veterans Affairs Wisconsin Technical College System University of Wisconsin System Office of Justice Assistance Department of Workforce Development

The State Council on Alcohol and Other Drug Abuse (SCAODA) was created in the Office of the Governor in 1970 to provide leadership and coordination regarding alcohol and other drug abuse issues confronting the state. In 1993, Wisconsin Act 210 reconfigured the membership of the Council as it currently exists today. The membership of the Council [s.14.017 (2) Wis. Stats.] consists of 22 statutory members, seven ad hoc members and five standing committees (Planning and Funding, Interdepartmental Coordinating, Diversity, Intervention and Treatment, and Prevention).

During 2001, the Council continued to provide leadership, both at the state and national level, in advancing policies that seek to abate the negative effects of alcohol and drug abuse as well as opposing ineffective policies. The following is a listing of specific issues addressed by the Council and actions taken:

- The Council conducted a review of the proposed biennial budget, which included committee review of each department's request for additional funding and position authority and discussions with agency staff addressing their budget proposals. The Planning and Funding Committee developed recommendations to the Council that were discussed and acted upon through Council motion. The Council communicated its biennial recommendations to the Governor, Legislature and joint committee of the Legislature.
- The Council appointed a special task force to study alternatives to imprisonment in Wisconsin, as a follow-up of Senate Bill 496 relating to alternatives to sentencing for the conviction of a drug possession offense. The Task Force began its work in November 2001 and issued its recommendation at the December 7, 2001 Council meeting to further the discussion during the legislative process.
- The Council requested a Proclamation by Governor Scott McCallum designating October 2001 as Employee Assistance and Drug Free Workplace Awareness Month. The Chair of the Intervention and Treatment Committee accepted the proclamation, presented on behalf of the Governor by Lieutenant Governor Margaret Farrow, at a luncheon held in October at the Crowne Plaza in Madison.

# Future Directions

- **Treatment Outcomes**

The Bureau of Substance Abuse Services will continue its mission to enlighten Wisconsin communities and policy and lawmakers that “Treatment Works” by publishing client and system outcomes and highlighting exemplary programs. An Outcomes Project is planned for 2002 whereby providers from a variety of locations around the state will be selected to develop and report post-discharge outcomes on a sample of clients. This study will also design a client outcome measure and a client severity index.

- **Core Values to Enhance Treatment Planning**

The 12 Core Values used in the women’s projects in 2001 will be incorporated into all contracts the Bureau has with treatment agencies.

- **Fetal Alcohol Syndrome and Fetal Alcohol Effects**

The Bureau will continue its efforts to address Fetal Alcohol Syndrome and Fetal Alcohol Effects education needs, particularly for the training of primary physicians to screen pregnant and post-partum women for substance abuse.

- **Emphasis on Stigma Reduction Through The Consumer Initiative**

The Bureau will increase its focus on partnering with recovery communities in activities that highlight recovery and stigma reduction. Consumers of treatment services and their families will be participants in planning and policy making bringing their perspective to decisions about treatment.

- **Research to Practice Initiatives**

The Bureau will continue to seek out the latest research on treatment, prevention, and recovery, and disseminate information to the substance abuse field for improvement in treatment outcomes. The 2002 Research to Practice Teleconferencing Series will include topics on confidentiality, psychopharmacology of drugs, treatment of offenders, co-occurring disorders, and consumer issues.

- **County Program Reviews Scheduled in Four Counties**

County quality improvement reviews will continue with four counties scheduled for 2002 (Columbia, Jackson, Marquette, and Taylor). The focus will be on improving coordination among programs and the clinical aspects of treatment.

- **Continuation of the AODA/Mental Health/Managed Care Demonstration Project**

The Bureau of Substance Abuse Services and the Bureau of Community Mental Health will continue to work with counties and other interested parties to implement Mental Health/AODA Managed Care demonstrations.

- **Information Technology**

Development will continue of statewide interactive communication through the Internet, electronic mail, education and training networks (ETN) and video conferencing to receive the most recent news, training opportunities and treatment information. The Bureau will continue to enhance its newsletter and web site to include interactive opportunities and information access.

- **Intoxicated Driver Program (IDP)**

The IDP will be evaluated in 2002 to identify needed enhancements and uniformity and recommendations made for improvements to reduce the harmful effects of driving while intoxicated.